2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V53036** May 07, 2000 8:00 am Secretary of State WORLD TRADE CONSORTIUM, INC. 05-07-2000 90035 022 ***150.00 Mailing Address Principal Place of Business 18913 NE 5TH AVE 18913 NE 5TH AVE MIAMI FL 33179-3904 MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0402609 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRANATA, LINDA M ESQ 18919 NE 5TH AVE MIAMI FL 33179this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above SIGNATURE ed when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfylits Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DVP TITLE ☐ Addition Delete NAME GRANATA, LINDA M NAME 850 I'ves DAIRY Rd #118 STREET ADDRESS STREET ADDRESS 18919 NE 5TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33179 ☐ Addition ☐ Delete TITLE TITLE LERNER, SAUL NAME NAME STREET ADDRESS STREET ADDRESS -18919 NE-5TH AVE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33179 ☐ Delete TITLE TITLE FINEMAN, MEL NAME NAME STREET ADDRESS STREET ADDRESS 18919 NE 5TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33179 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Horida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.